

SEOW Meeting

11/21/08

9:00-12:00

Attendance

Jeanie Alter, Nancy Beals, Dave Bozell, Emily Dotson, Lindsay Duff, Ruth Gassman, Ashley Hobbs, Harold Kooreman, Lyndy Kouns, Mary Lay, Kim Manlove, Ramzi Nimry, Lindsay Rosenbeck, Katelin Ryan, Donna Wall, Jim Wolf, Eric Wright

The meeting was called to order at 9:10 am.

Eric: I think this is going to be a relatively short meeting. I will start with an update which I'm excited to report. We finally got the word from the University of Michigan that the UCR data will be arriving sometime next week. This basically puts us way behind schedule where we wanted to be but the full draft will be completed I think by mid December. Perhaps in time for our December 19 meeting. That would be our hope. A lot depends on how soon the students take a hiatus for the holidays. But hopefully we'll have the full draft and then we'll go to the printer, a couple weeks of printing. So we probably will be meeting on December 19<sup>th</sup> just to get your feedback on the final version of the document. Normally I think we try not to do that but I think we have to do that this year. Any objects to the minutes from last meeting? You should have a copy of those in your packet.

Nancy: I have an "s" on my name.

Eric: OK. Any other corrections? One other announcement, Marcia was actually in a car accident last night. She apparently is home and ok but she does have a concussion. Keep her in our thoughts this weekend as she gets on the mend from that. Where was she coming back from? Vanderburgh. Any other announcements before we get started? The first agenda is the discussion of the Indiana college survey and that's Ruth.

Ruth: I'm going to hand out a draft of the feedback I received from Lisa Hutchinson who is the Director of ICRUD/ICAN. The first thing I wanted to mention today is our Keep Safe website is available now to be looked at. Barbara, who is not here today, said you may have some of your students take a look at that to see if there's anything you would suggest differently. This is our website and if you just click on that icon where it says Keep RX Safe it will take you directly to this website. If you could please take a look at that and give us any feedback, that would be helpful. We sure appreciate it and you weren't at the last meeting but I wanted to thank you again for the development of the questions you provided. It was very helpful for the YRBS, so thank you. The other handout is a draft of the Indiana college substance use survey, which the IPRC has been asked to develop in conjunction with ICAN. And we made every effort to also align it with the SEOW survey that Jim Wolf is administering by telephone. So we took three sources of information. We took the SEOW telephone survey, we took the recommendations of Lisa Hutchinson, and we took the core survey which is out of the University of Southern Illinois in Carbondale. And we compiled questions that we thought would be to their liking. I

gave this draft back to Lisa and she made the following changes, which I think are in highlights. You note that the source of the items are listed at the bottom of each item set. They wanted it to be a relatively short survey in order to maintain a higher rate of participation. They did have particular requests about how certain items were worded. For instance, if you go to item set number 5, letter n, I took that directly from the telephone survey that you are doing Jim, been in very vulnerable situations, such as a situation you could have been hurt and/or date raped while drinking and they wanted that to say experienced unwanted sexual situation, such as being touched when you don't want to be, or kissing, etc.

Jim: Is the wording of that coming right from the NOMS? The original wording?

Harold: That's one we got from the MAST.

Eric: Harold just reminded me that came from the MAST.

Ruth: MAST. M-A-S-T?

Jeanie: What does that stand for?

Harold: Michigan Alcohol Screening Test.

Eric: It's one used readily in clinical settings.

Nancy: On page 4, are they wanting to delete that entire set?

Ruth: That is correct. That is what they are instructing us to do, delete that entire set of questions.

Dave: Why are they doing the deleting?

Ruth: Why do they want it deleted? I don't know. I know they want to make it shorter and so they're making decisions about what their priorities are and asking to delete those that they don't consider that important.

Nancy: Are the questions like this in regard to how you think other people feel on other similar surveys.

Ruth: I'm not following what you are asking.

Nancy: The question is how do you think other kids on campus feel. Are those types of questions on other surveys?

Ruth: Oh yes. That's very important.

Nancy: So it's an idea on how the community views it, not just you yourself.

Ruth: That's correct.

Dave: It's a variation of NOM question.

Ruth: They estimate at a much higher rate what they think their peers are drinking. And so one of the interventions is to try to correct that and inform them that no, people really aren't drinking that much and you shouldn't be too.

Mary: You might want to give some consideration to dropping that because if they're looking at right now there's not federal dollars available but there could become federal dollars available under higher ed things and they may adopt the NOMS and here you would not have a basic NOM.

Jeanie: Select a minimum and you start from there, adding to that. I mean, yearly is not part of the NOMs. Monthly is.

Eric: Actually this is the one that had the quirky response categories. You remember, strong disapprove, disapprove, don't disapprove. But we had made that more consistent with other survey research. And we did ask. It was the Feds that made that choice.

Dave: Some version of 7 should be there.

Eric: I think one thing, and I have been remiss since our last meeting, I haven't convened the meeting with Ruth and Lisa to talk about the proposal that we had discussed at the GAC meeting, which was if you remember to try to come up a long term funding strategy to do a monitoring program. And I think that might be the place to have this conversation because the more we can coordinate across these efforts, the more it's a cohesive monitoring strategy.

Ruth: I couldn't agree more. And we just need to do that fairly soon because the clock is ticking and they expect this to be administered in January or February and we still need to get it online and do a lot of things. So the sooner we can have that meeting, the better.

Eric: OK.

Ruth: She did think it was a good idea to review this at the SEOW, but maybe she thought that was in place of us meeting. But I think we should do both.

Eric: I think there are just parallel processes going on.

Ruth: I agree. That's good feedback.

Eric: So, the other thing about 7 is we want to recommend we have the same parallel response categories that we do in the larger state survey, full range.

Ruth: So which survey are you referring to?

Eric: The telephone NOMs version.

Ruth: OK, that's called a NOMS?

Eric: I refer to it as the NOMS.

Jim: In the phone survey, this original answer categories are lopsided. That came from the Nation Outcome Measurement Standards.

Ruth: I have here the response options came from the core survey, that's where those came from.

Eric: Well, those are the NOMS. I remember this because we went back and forth with the Feds about this. I don't remember it as well, do you have the telephone survey with you?

Jim: No, I didn't bring it.

Eric: I'm not so sure about the age group wording, if that parallel the telephone survey. But I suspect it might.

Jim: This does look really familiar but the difference that we are doing in phone surveys is we add answer categories to make it more balanced.

Ruth: The response options were from - ?

Jim: Strongly approve, approve, I can't remember if we had a neutral category or not.

Ruth: And you are saying that is the same as the NOMS.

Eric: No, it's not.

Jim: It's not the same. So the decision needs to be made whether you want it.

Jeanie: Can all the response categories be aggregated to match the NOMS?

Eric: Yes. They were designed to do that.

Dave: That would be alright then, as long as you can match the NOMS.

Eric: From my point of view, the phone survey is the NOMS because that's the starting point. That's why I refer to it as our NOMS survey. So I think that might be confusing to some people.

Jim: What I'll do is I'll make sure you have the most recent version of what we are using. I'll e-mail that to you.

Ruth: I think I have that because Barbara translated that into Spanish and so I have that. I have a copy of it, I don't have it with me today but that's how I knew what the source was of a lot of these things, because I looked at all three of them and put sources at the bottom.

Kim: Yes, we talked about that at the last meeting.

Dave: We are providing some funding to ICRUD and if I use NOMS data from ICRUD for the block grant report then that's stronger.

Ruth: Right. So what I'm hearing is a preference is to have parallel response options, strongly approve, approve, and is the center category neither?

Jim: That's what I need to make sure that you have.

Ruth: It's on the SEOW survey?

Jim: Right.

Ruth: OK, look at SEOW survey. Anything else?

Nancy: Number 9, where they have highlighted the off campus fraternity or sorority houses, can you take the off campus off there? Because some of the fraternities and sororities are on campus and I think that muddies the water, where you just say on campus parties, fraternities or sororities houses or off campus parties.

Mary: Bloomington's are on campus, Purdue's are off.

Nancy: I think just by leaving fraternities and sororities a category on its own, instead of having the off campus in front of it might help clarify that a little bit more than it does now.

Jeanie: And perhaps ask them to answer only one. Because they may say it's on campus and it's at a fraternity, so they should only be indicating one answer.

Eric: The other thing that is missing there is what if they still live at home and that's the easiest place to get it.

Nancy: Would you say parents home in that case?

Eric: I think the wording of easiest implies one. Nancy you were going to say something?

Nancy: Well, I don't know if you want to say parent's home instead of just home.

Mary: They might have an older roommate who they just take it from.

Jeanie: There are so many possibilities.

Dave: I was just thinking back to my college days, that's why I was checking all.

Kim: That's why answering one doesn't really cover it.

Nancy: It'd be interesting to rank those. I know that's hard for you when you look at what the data is but it would be interested to have it ranked.

Ruth: OK, I'll suggest that.

Nancy: Instead of just checking one.

Eric: Or you could say what are all the ways you...

Jim: Check all that apply.

Eric: And then the one you did most.

Jim: Because then in the aggregate results you can just say which ones were checked most often to least often.

Ruth: Check all the ways and then which is the easiest.

Eric: This might actually be a really good question to pilot test, because what you are trying to get here is the best supply line.

Ruth: OK.

Jim: And if you really want to open Pandora's Box you put in other and let them specify.

Eric: And this is going to be administered online?

Ruth: Yes, it is. There were a few colleges however that will not administer online. I think there was some private colleges that we'll provide a paper and pencil questionnaire for them.

Eric: Other comments? Questions?

Donna: On number 3, with the drugs, for Xanax, under c, you need another a in there. And d, you have codone, that's not a drug. I didn't know what you were looking for.

Jim: Oxycodone?

Donna: Well, you've got oxycontin down below. But codone isn't a drug.

Eric: It's probably codeine.

Donna: But codone isn't a drug.

Ruth: So the difference options, there's codeine, there's oxycontin.

Donna: You've got oxycontin on there, you've got hydrocodone.

Ruth: I'll ask her.

Donna: And Xanax there's an extra a between the n and the x. There's two a's in it.

Eric: You also might think about adding all the synonyms.

Ruth: Like Vicodin?

Eric: Well, NIDA produced this thing with street names which would probably be good to put in parenthesis.

Jim: The "aka" list

Eric: Yes, the "aka" list.

Ruth: OK.

Niki: It's like they don't go in and say, excuse me do you have any hydrocodone that I could purchase?

Donna: This is because I don't know, on 12, I did not have a usual type and then some other type. What's the difference?

Jeanie: Oh, I think a non discriminate drinker.

Mary: I drink whatever is available.

Ruth: Yes, that seems problematic.

Mary: Moonshine, make your own?

Kim: Niki and I were talking about the micro brewery and imported beer question.

Jim: How does that differ from beer?

Kim: Yes, I'd be looking to classify, a higher class of abuser?

Niki: Well, they don't have to feel so bad because their drinking Canadian beer.

Mary: Jeanie and I ate lunch at the micro brewery that is across the street on campus at Bloomington and so it would be, are they accessing the micro brewery because that would inform them about the strict, would they look at the age on here, would tell you if they are going to local market breweries and able to get served. But the imported doesn't go along with that.

Jim: Well, that doesn't belong in this question.

Niki: That would go back to your question on where are you getting it.

Mary: Look at what most common thing to drink is, and then look at their age.

Dave: I think beer is beer.

Ruth: So remove microbrewer and imported beer and put it on 11. OK.

Jeanie: And then microbrewer or winery might be more important, because they may be going to a winery and tasting.

Ruth: Well, what about this issue that Donna brought up about how I did not have the usual type and some other type? What is the distinction there?

Jeanie: The way I am interpreting it is that I did not have a usual type but the person just drank a little bit of everything, whatever was available.

Ruth: OK.

Jeanie: Versus, I did drink something but it wasn't on this list.

Eric: I think if you change it to Jeanie's wording, or just whatever is available. I think that's the idea, the indiscriminating drinking and the other would pick up the other. I would actually caution against the microbrewery because you are confusing source vs. substance.

Ruth: Oh, that's going to go over to 11.

Eric: I think that makes it less confusing. Other thoughts?

Katelin: What about 13, question 13? Is there a reason why we want to remove that?

Ruth: That's one they want, must see that as an issue, the work that they do as far as the marketing from the tobacco companies.

Katelin: Tobacco companies have a huge presence on college campuses, bars. They use their email, they use their address, mailings, so I think it would be interesting to keep that question in. It says delete this question, that's why.

Ruth: I see.

Eric: I think this goes to the heart, one of the reasons we want to the SEOW pushing as a group to have greater coordination so we have multiple data sources picking up similar things. And some of the behaviors tend to go together. I think we should talk about that.

Katelin: A few other comments about questions 1 and really anywhere it is mentioned, I don't know if you can change this, but you may want to put "/water pipe" because most people recognize it not as a hookah so much but as a water pipe. And then for chewing tobacco you may want to also include smokeless tobacco, snus.

Ruth: Snus?

Katelin: Snus is considered smokeless tobacco, it's a type of new smokeless tobacco. And that can be categorized under chewing tobacco, you could put "chewing tobacco/smokeless tobacco" if you like or move it down to a separate category. I don't know if you can add to this too much.

Ruth: Very good, thank you. Any other ideas?

Nancy: The questions on the back page, number 22 living arrangements and 23 current residence, I'd like to see more delineation between students living around campus and like your commuter student. I don't necessarily have any words to suggest but we have so many commuter students here in Indianapolis.

Eric: I think the issue from understanding Nancy's concern is proximity to the campus. So it might be simply doing a house/apartment option within walking distance to campus, a house/apartment farther away.

Jeanie: Some have campus housing, I'm thinking of Butler, it's owned by the University but it's off campus but its University housing.

Nancy: Is that what approved campus housing is supposed to mean? Other campus housing?

Jeanie: Oh, maybe.

Nancy: That's what clipped into my head when I read approved housing, other campus housing. A lot of campuses have apartments.

Dave: Housing that is several blocks from campus.

Eric: Ruth, do you have any more copies?

Ruth: Well, there were fifteen copies, so there should be.

Eric: Any other comments? Questions?

Ruth: As far as better delineation of living, were there any other suggestions for how to phrase the response options?

Mary: What about off campus, 5 miles or less? What area are you concerned with, 5 miles or less? 5 or more miles?

Eric: I would say it's walking or not walking, only because you then have the issue of compounding with drunk driving.

Ruth: What did you say about that Nancy?

Nancy: That would work.

Ruth: OK, I'll make these suggestions. This item came from the core survey. Other ideas?

Nancy: One last thought, on question 9. We had a similar question in our survey and we got some feedback from kids who suggested we add "take" from stores.

Niki: Thievery.

Ruth: Take is a nice word. Does that mean the response option should be “buy/take”?

Mary: No, because that’s two different things, that’s law violation vs. non law violation.

Ruth: Add another response option then? Take?

Nancy: That also provides some good data as we’re fighting with liquor licensure of convenient stores and whatnot and encouraging them to be more responsible on how alcohol is displayed and monitored.

Ruth: OK, very good. These are all great comments. Anything else?

Eric: One thing I would actually raise, for the whole group I think, should we add a sex orientation question? I ask that only because the CDC has identified BOB folks as having high abuse rates. We have not historically asked this in any of our surveys and I think looking down the pike we ought to for the long haul.

Ruth: It is on the NOMS survey actually, there is a sexual orientation question.

Eric: It is?

Ruth: Yes. Remember, we even noted the transgender and commented this is really detailed.

Eric: Well it wasn’t on the version they gave us.

Ruth: NOMS Treatment, NOMS Prevention, NOMS for Kids, NOMS for Adults.

Eric: It was NOMS Prevention that we got. That was the basis we started with, right? It’s on the GIPRA too so I know it’s working its way through the federal system.

Ruth: It is.

Nancy: I know Diana can jump onboard but we were just at a conference this week out in DC sponsored by SAMHSA and it was about critical populations being women, justice involved and gay, lesbian, bisexual and transgender. And one of the big discussions from the gay/lesbian group was that that question needs to start being asked so we can ensure that those folks have access to service when it comes up.

Mary: On question 24, this is addressed to University types, I’m a little bit concerned about putting credit hour prompters in there because that varies from campus to campus and whether you’re a graduate student or an undergraduate student.

Eric: That’s a good point.

Mary: Or if you identify yourself as full time or part time.

Eric: That also varies if you're in a quarter or semester. I can't remember who is quarterly.

Mary: My husband is an undergraduate and its 10 hours, that's full time.

Eric: Yes, I think we can just drop the credit hour reference.

Mary: It's full time or part time, however you identify yourself.

Ruth: Look at number 21, at the back. She said "first year". She said strangely all the info we read now calls it first year instead of freshman. Anybody else see this in the literature?

Eric: That's the academic planning language, that's not what the students refer to themselves.

Jeanie: And what about 5<sup>th</sup> year seniors?

Jim: Professional students.

Eric: You could just do freshman/1<sup>st</sup> year.

Ruth: OK.

Mary: I think it's first year if you're over 30 and you call yourself a freshman if you're everybody else. I'm married to returning student.

Jim: The only question I have is on how this is going to be administered. Will this be an opt in survey or an e-mail invitation is going to go out to a sample of students?

Ruth: This is going to be a random sample of students to those Universities that wish to participate. She said last year I think there were in the neighborhood of 14 that participated though we'd like to increase that. And again, there's a couple of schools that will not be administering it by computer but it will still be a random sample.

Eric: Is Ivy Tech among them? Are they going to do every campus of Ivy Tech?

Kim: No I talked to Lisa yesterday and she said that they're trying to but don't have a good response from Ivy Tech.

Eric: That's the ultimate commuter campus.

Ruth: And we thought about offering some kind of incentive to increase participation.

Mary: When you do IUPUI are you only doing Indianapolis campus? Or are you doing IUC? Only because I live 3 miles from there and it'd be interesting data.

Niki: How many do you have that are participating in the state?

Ruth: Well, we have not done the recruitment yet, but last year there were 14 and they filled out the core survey, and just a little bit of history on this - ICAN is wanting to do their own, they are wanting to have some control and not wanting to have it done by this core institute. So we've drawn heavily from their items, we found out that we could do that legally, and to the best of our ability combined everyone's wishes. What ICAN is wanting, and a lot of what ICAN wanted came from the core survey. A lot of what was on the SEOW survey came from the core survey. So it's all been triangulated into this document. But that doesn't mean that it's perfect. It needs to be gone over. These comments are extraordinarily helpful. This feedback is good.

Kim: Is there a reason we're not asking about methamphetamine?

Ruth: It just wasn't on their radar screen. It wasn't on the core survey.

Eric: Well, we should add it.

Ruth: So let's add that after.

Mary: What's the difference between m and n, on the question? What's the difference between prescription pain pills to get high...

Eric: So it's opiates vs. other?

Mary: To me, reading it quickly as you probably would online, I read the same question twice.

Niki: I think you can combine that into one and just say prescription pills that are not prescribed to you.

Jim: In previous surveys we separated those two out, because use of pain meds was more pervasive in certain areas of the state or certain places. They seem to be a little more available to certain age groups in certain regions than other prescription meds that aren't pain pills, more mood altering drugs. That precedent has been set. This wording, though, I will admit it should be prescription pain meds and then other prescription meds would be a better way. That's how we would have done it over the phone.

Eric: And I would be nervous about saying prescription pills that are not prescribed to you because some people are abusing their own drugs.

Niki: And that was exactly my thought, instead of doing that, abuse of prescription pain pills. Maybe add that even though that's what we all realize using prescription pain pills to get high is abusing the pain pills but I think if I'm prescribed something by my doctor – I think you need to differentiate that.

Ruth: Abuse of prescription pain?

Eric: I wouldn't use the word abuse. That's a loaded term. I mean, actually to "get high" is the right thing because I think even somebody on pain medication could be motivated to use it to get high. How did we word that?

Ruth: I don't know. A lot of the research is showing that people are using them for other reasons than to get high. They're using them for pain, they're using them to get to sleep, to wake up, to get thinner, to feel better. It's not always for pain.

Diana: They're using them to get through the day.

Ruth: So I don't know if getting high is the only thing we're interested in.

Niki: Would you want to ask the question, using prescription pills that were not prescribed to you and using prescription pills outside prescribed instructions?

Mary: How did we ask it on the ATOD? We asked it in such a way that it's not as it was intended to be used. We may have even said not as intended.

Ruth: Well, Donna's group helped us craft the question for the YRBS survey. That would probably capture what we're looking for, I just don't have it with me today.

Jeanie: The other thing that seems to be missing is stimulants like adderall, I assume it's under that description.

Eric: Well that's on number 3.

Jeanie: Oh, thanks.

Mary: Are those the only two that are commonly abused?

Kim: I was at a youth summit last week from Monroe County and...

Mary: Just all it aka the law school drug.

Kim: And all they talked about was adderall. They really didn't see too much ritalin.

Mary: Anecdotally, it's everybody in law school.

Diana: Would you make sure on number 4 that we add meth there too for age at first use?

Ruth: OK. What was the other item that needed to be added to besides 4?

Eric: Number 1 and 2.

Mary: Are those the right call out specific drugs? Adderall, Ritalin?

Eric: I think those are the most common ones.

Ruth: There's another form of the drug but they don't get high off it.

Eric: You might want to add Ritalin and straterra and then the street names that we had talked about before.

Niki: I will say on the undercover side, morphine is bought a lot.

Ruth: Bought at pharmacies?

Niki: Oh no, on the street.

Eric: What about methadone?

Niki: That too.

Kim: Fentanyl patches.

Niki: Fentanyl patches. I can just tell you for those buying prescriptions drugs morphine is very very commonly sold. They're doctor shopping and refilling prescriptions early and just selling it.

Mary: Would it capture anything, this list could go on all day, if you ask other prescription drugs, sort of a catch all?

Eric: I guess we could but I think the one that has the codeine but then the other issue is to get a better sense of what the most common prescription substances are.

Niki: The reason I bring up morphine is because it was as common for us to buy as it was xanax. We bought a lot more morphine than we did oxy.

Eric: Does that vary depending on what part of the state you are in? There do seem to be fads in different parts of state.

Niki: Well, if you are from Kentucky it's probably going to be oxycontin or methadone.

Eric: That's what I was thinking.

Niki: So you are talking differences regionally.

Eric: So if we add methadone and morphine, that might capture it. Any other comments?

Nancy: Our probation department does drug testing on juveniles so we could get a listing of the commonly used drugs, that way that might give some direction.

Eric: Anything else on this one? Nancy?

Nancy: Question 20, the gpa question. Again, this is a question that is useful when talking with Universities and pointing out why binge drinking on campus is not a good thing. So I see it's slated to be deleted, I'd throw that out to maybe reconsider. I don't know if maybe doing it as fill in the blank would make it briefer?

Mary: Or just do A, B, C, D.

Jeanie: I don't know if I know what the gpa is B-.

Kim: You're asking for statistical average and then you are giving choices that are all an individual grade so it's inconsistent. And you can't use gpa just because it would vary from institutions that are on a quarterly system as opposed to a semester system.

Eric: Well, what counts as an A- at one institution, even using the same 4.0 standard is different.

Jeanie: We could using something like, mostly A's and B's.

Ruth: We've done that before on other surveys. Do you have a recommendation Kim?

Kim: I'm sympathetic with Nancy's concern.

Nancy: We do have college administrators that don't recognize the impact of retention.

Mary: If you're a first semester student you don't have a gpa.

Kim: Do we go to things like excellent, good, average?

Jim: We did a survey for the organization that coordinates Campus Compact and so a lot of different campuses were involved, and I believe we worded the questions two different ways. On a 4 point scale, so most people would understand what a 4 point scale is regardless of what they have at their institution, but on a 4 point scale what was your gpa at the end of the last semester you completed. Or something like that. So the people who are in their first semester can't answer the question but everyone else should be able to. And I can't remember how we resolved this, some were pushing for what was your gpa in your major vs. your overall gpa. And there were all kinds of discussions about that. But that's one approach, to tell everyone, most people can think of 4 point scale however their grade point is measured.

Kim: That sounds like a good solution.

Jim: We only used letters, we didn't do pluses or minuses.

Ruth: So 4 would be an A.

Jim: We just gave A, B, C, D and failing. And within this, A was 3.6 and above, B was a 3.5 to 2 something. Come up with numeric ranges for each grade.

Ruth: But what would be the point in doing that, I'm not quite clear, if we're not asking them what their grade point is?

Jim: Because if someone isn't a 4 point...

Ruth: So you are giving them information of what qualifies.

Jim: Yes, what ranges to consider so that helps standardize. And again, you might want to play with this a little bit.

Ruth: Do you have anything on file you could send to me?

Jim: Yes. That would be easy to do.

Eric: Any other comments from the group?

Mary: Yes, on number 5, there's nothing about missing class or assignments.

Ruth: So you think it should be on the other list? On number 6.

Mary: I guess when you're talking to campuses that's one of the things you want to be able to see, consequences.

Eric: Good point. Though I might even want to separate those out, missing class – missing assignments – not doing as well as you know you could do.

Mary: It's all the pattern.

Eric: Then you have a little scale too. Which I think goes back to Nancy's point about arguing with these college administrators.

Mary: And that question makes it an argument to do the survey because now you're looking at academic performance.

Eric: And you can also even ask failed a class which would be really powerful. And get around the gpa because students lie about that all the time.

Mary: People can be drinking and still get an A.

Eric: Depends on how bright they are too. There's a correlation there.

Ruth: Anything else?

Eric: Anything else about this one?

Kim: I'm glad we were able to simplify this.

Eric: And Ruth, what I'll do is set up a conference call. That'll be quicker than trying to do it face to face. With you, me, Lisa, and maybe Tammy?

Ruth: Tammy?

Eric: Wasn't she working with Lisa on this?

Ruth: Probably but I don't know her.

Eric: We'll start with Lisa. OK, update on the local communities. Kim, I guess?

Kim: Sure. All of the strategic plans and evaluation plans, thanks to the hard work of the PRC staff, particularly Randy and Marcia have worked and put in lots of hours recently to get all the strategic plans, evaluation plans and the logic models in shape. And so they were all approved. We had approved five plans in September and just approved the remainder of them this week. They're in good shape and are now moving into their implementation phase. We are continuing to have some staff turnover at the local level, new staff coming on, but that's just part of the process. I reported to the GAC on Tuesday

that Harold, Marcia, Jeanie, and I have attended SPF-SIG National meeting of all grant states that have grants and found a lot of validation in there that all of the situations and challenges that we faced in the past two years, actually since the inception of the projects, were very common. Our solutions and how we dealt with those challenges have been very good. So I feel very confident about where we are. The Cohort 2 communities that were just funded October 1st, they are up and running, site visits are going well. Our technical assistance folks and PRC folks are working with those communities, site visits, we've already had one training that Eric's staff did for us the week before last. And we have another training coming up the first part of December on focus groups for cohort 2. So from that standpoint I think we're feeling very good about where we are. Although we're running into the same type of issues that we had in Cohort 1 as far as communities that are high capacity, low capacity, but we have a lot of the tools, or most of the tools, that were developed for Cohort 1 that are now available for Cohort 2 so we're being able to apply those effectively with those groups. We have run into a mistake as the state structure has presented us with a challenge the past couple of weeks as far as funding is concerned. They initially notified late last week that there were contracts being held up because they hadn't been written the way that the state thought they had been even though they had been through the structure and been approved. They were denying some of claims. We subsequently found out that they denied some but allowed others so we've been working the last couple of days with folks in Contracts and Grants and Department of Administration to correct that and I'm fairly confident right now that we'll be able to, we're essentially asking since we've discovered just in the last couple of days they actually have approved and actually given monies to half of the communities, so half of them already have their money. Only one community has actually been denied so we are asking, we're begging forgiveness with Contracts and Grants folks and asking them to go ahead and pay the other communities. So we are hopeful that will work out. So I hope to hear today on that. But other than that, things are going pretty well.

Eric: Two other addendums. First off, we got the batch of state data, or the 20 community data came in last week so we are going through those and Harold has been working on setting up a data file which then we'll then pass on to Jeanie. So each of the communities, it's probably more important for Cohort 2 because they want to use it in the epi profile, but then I know they are going to need some SPSS consultation on that. We're going to write a tip sheet around weighting, I think we especially need to work with Ann, right? How to interpret the weight, because I think that's going to be the major thing that's going to complicate their analysis. But that's now close to being available, which is exciting. The focus group training on the 10<sup>th</sup> is also something that has picked up a new idea which I came up with after the GAC meeting on Tuesday. There's been a lot of questions about veterans that are returning, which we're getting our first big wave if you haven't heard this, about 8,500 are coming home this month and next. We had actually talked with DMHA a while back about doing a needs assessment around VA issues but they decided the Department of Veterans Affairs knows what's going on so we're not doing that. But, several of the local communities who were present at the GAC said they are already getting requests from vets. So we actually are working on a study design which would be a focus group homework from the training. We are going to ask each of the 20 funded communities to do 3 focus groups at their local area, one with Vets, one with spouses of Vets, and then one with providers to get a sense about what the substance abuse needs are. I have no idea if all 20 will want to participate, but this

will be a good way for them to practice their focus group skills and also contribute to adding some information, because that and 2 other issues that keep coming up the last two GAC meetings was Vets and the second question was the impact of the national disasters on the state of Indiana. There's not a lot we can do with the data sources that we have because we're so far behind the disasters but it's certainly something that's going to be on the radar for next few years if they in fact have the believed effect there should be upticks in a lot of the negative outcomes and so we'll be looking for that. The other thing is the economic downturn. And that, if we're starting in the middle of, at least on the mental health side, that tends to lag a year or two years for the effects to show up on the severe economic downturn. So those are new issues that are really great questions that are being asked at the GAC and so we're thinking about how to respond.

Kim: Great meeting.

Eric: Moving to the next agenda item, the epi report. We have two things we want to talk about today. First is the chapter you have before you, which you got on e-mail, which is in fact the local drug fact sheets. If you remember, we are going to put the local epi profiles in the whole epi document. The problem with that was they got so deep and did much better than I ever could have possibly imagined so they are all books into themselves. So adding them simply in the chapter would be a challenge so we opted to ask each of the communities to do an executive summary of sorts to highlight their key findings. So what you have here are essentially an introductory chapter, or a couple of statements about the communities themselves and have essentially one page fact sheet from each of the communities. We're still waiting on Delaware and Green/Davies to send theirs. Each of these was designed pretty much following the state model we created last year, which I know the youth are interested in revising to make them more youth friendly which I'm all excited about. And I know the evaluation committee also had some issues around the format of this. We're probably going to stick with this for this year and then worry about the format for the next year. Otherwise we are going to be really far behind. Our goal is really to have the epi profile done by January so that basically this can be a document that is referenced by the legislators as appropriate. So, questions, reactions, comments, feedback?

Kim: Eric, would you email this particular section to me?

Eric: OK. It was in the last e-mail. You should have gotten it, if you didn't let me know.

Kim: OK. Because I want to send it out to both Green/Davies and Delaware. This would be great for them to see what other communities have done and to have them see the whole thing.

Eric: And Marion and Harold would be happy to work with them to help pull it together. I know there was a lot of turnover there.

Mary: Is one of the things that might happen in the future to make it look alike? Because they don't all look the same. Is there uniformity in vision? It's nice that they have their own personality, per say

but when you go and I do a lot of exhibiting at conferences, it's nice to have some uniformity when there's something like this because, and I'm thinking of legislators, if one looks one way and other looks another way and they have to learn how to read it.

Kim: Well, I appreciate that. We have encouraged the communities to be culturally competent to their own community in a way that they communicate with their own people.

Mary: I think they could do that, like maybe some bulleted content that's the same and maybe the graphic is theirs.

Kim: We provided the format to them. The drug fact sheets, so they had that.

Mary: Most of them did that and some really veered off in the layout design.

Kim: That's how the communities are.

Mary: It that makes it a little harder to read.

Eric: And I certainly can appreciate that as someone who likes uniformity and standardization to be able to compare but actually I'm like Kim on this one, I would be hesitant to redo their work.

Mary: Maybe not do it now but maybe in the future.

Eric: And we might want to learn, I think one good thing would be as we circulate this ask the communities for feedback, see how they feel about it and some uniformity. This is a long term processes.

Mary: Yes, I certainly wouldn't ask them to do it now. The other thing I would recommended to them is that they don't put people's names on them. As soon as you do it and print them your person quits and then you have 500 of these sitting on your shelf with your old person's name on them.

Eric: Yes, that's always a problem.

Mary: That's a lesson learned.

Eric: Any other feedback? Now maybe we should ask Harold or Kim to report back on the evaluation committee? They had some thoughts about the fact sheets. And I think we should differentiate these facts sheets vs., remember last year we started doing the big document only the hearty would want to read and then we had the fact sheets which were designed to be a couple page thing people could pass around and the youth wanted to redesign so they'd be more youth friendly. I'm not sure what that means yet but they are going to tell me. And the evaluation committee had some thoughts.

Kim: What we were talking about is the fact sheets that we had this year were all individual, they came in individual sheets, and so for distribution we were constantly collating them and putting them together and stapling them. They were very nicely prepared on slick paper and looked terrific. What we were suggesting to the group is to have them bounded in some way already stapled and the recommendation was also to include the chapter, a couple of the new chapters or fact sheets about the new chapters as far as the impact of funding, impact on funding, and what's the other one? The capacity burden. Those two. We discussed a variety of things and one of the suggestions was maybe perhaps the way you did the prescription drug piece that was printed that way and saddle stapled so it would be essentially an executive summary. We hadn't started out there but we kind of ended there. That was the suggestion from the evaluation.

Eric: I don't think those are necessarily mutually exclusive. I could see easily doing both of those. We do issue briefs, which you've all gotten a copy of the prescription drug abuse one and fatal overdose one. But we do those routinely, so I could see easily doing an executive summary version which is probably what the legislators would read anyway.

Kim: Exactly. And that is what I was thinking, in making our hill visits.

Eric: And I think the youth thought that, chime in here, the individual sheets might be helpful for young people who want to look at just one particular substance.

Lindsay: Right, one they might be abusing or something as opposed to having to go through all of them and flipping through all the pages that they're not interested in.

Eric: So I think we might still want to do both. Maybe what we could do is have this version for the professional decision makers and the other one make it even more youth friendly. Because the other thing is if they're using we ought to have help stuff on the back.

Kim: More of an awareness and intervention piece.

Eric: Any other questions about that? Or thoughts? Any new business?

Niki: Just real quick, Marion sent out the meth one and I had just only been able to breeze through it and I apologize but there's some statistics on there that we want to remain consistent between what we are reporting to all the different folks we report to so I need to print that out and actually go through it and maybe update. Because I know it says like 1,500 labs in 2004 and what we're actually reporting is 1,115 because that is actually what we have on the actual reports that go to the federal government. So there's just some things in there where it used to be in January and February we would call all these other agencies that we knew were working labs and ask them how many they worked and they would say we worked 35 but we have no reports to back that number up. So what we've done is we've gone back to what we have actual paperwork and reports to back up our numbers and so that's one of the

things I want to get with her so that what we're reporting here is consistent with what CJI is reporting to the governor's office and the task force office.

Eric: And part of that is we haven't actually had any communication with CJI.

Niki: And I just happened to be glancing through it and I noticed a couple of those so I wanted to let you know that I am looking at it.

Eric: Can you talk to the CJI people? We've e-mailed the all stuff and they aren't responding. OK. We'll follow up with you too. Any other new business?

Niki: While I'm yapping, I did want to bring everyone up to speed on where we are as far as lab seizures. This current calendar year, comparing with last calendar year, we're up almost 29%. We worked 820 labs year, as of last Friday unofficially we were at 905. We had our highest month we've ever had as far as processing labs in April of this year. We worked 151 labs, which is 5 a day.

Mary: What does that mean? Does that mean that we're finding more labs or we have more labs?

Niki: We have more labs.

Eric: Local production is going up.

Niki: Local production has been going up for about 18 months. We've seen an upward trend for about 18 months. We're probably, my best guess is that we are probably going to finish this year somewhere between where we were in 2005 at 992 and where we were in '04 which was our highest ever which was 1,115.

Mary: Does this probably mean that it's getting easier to get the precursors?

Kim: Neil Moore at the Commission for Drug Free Indiana meeting last week had, I don't remember exactly what his data was, we were talking about this very issue and he was counseling that it was not necessarily an indication of an increase of labs but more of this is a transition, the transition from the kind of, the effect of the precursor and a transition into a new phase. So I'd like to get his information. It was just kind of interesting. He had an analysis of the same data.

Niki: Just to throw a couple of things out of what we're seeing. Children affected are also up and arrests are up. So that tells me that it's not just simply that labs are up, because we're arresting more people, we're taking more children out under that protocol. A couple of things have happened internationally that I think are really pushing this issue. One is that Mexico has completely outlawed pseudoephedrine products, you cannot buy pseudoephedrine products in Mexico, and as of January 1 of '09 you will not be able to import pseudoephedrine into the country of Mexico. They've outlawed the importation. So where our supply used to come out of Mexico until they find a new supply line that isn't going to charge

them an arm and a leg like Canada is, then we're going to continue to see the local production go up. On the legislative side, for those of you who work with the justice involved individuals you will know that they are always trying to find the next best way to get around what the law is and while our pseudoephedrine statute was a very good start in putting it behind the counter they have learned to get around that by doing what is commonly known as smurfing, which is basically jumping from store to store to store. So I'll buy a 96 count 30 mg box at CVS, I'll buy the same thing at Walgreens, the same thing at Walmart, and the same thing at Target. And what we have found in our investigations is they are using big box stores typically. For those that are using the convenient stores and the smaller stores, they're typically pill eaters because pseudoephedrine is a stimulant and so they will get a buzz off of just eating the pills. So we're also looking at things we can do as far as legislation to shore things up. My contention has been if we want to solve the meth lab problem we need to make pseudoephedrine a schedule 3 controlled substance, which is what Oregon has done. Oregon went from having 200 labs the year before they passed the legislation to having 17 to having so far this year the last stats I saw were 0. Missouri, Washington State, California are all having proposals for schedule 3 going before their legislators this year and so we'll have to see what happens with that. I will warn you, if schedule 3 goes through in Missouri, Indiana will be number one in the nation because we have been number two behind Missouri for the last two to three years. And Tennessee is right behind us. So we're working with CJJ, we're working with our legislative liaison to look at what support we'll have from the governor's office. Obviously this year his big push is going to be property taxes and education reforms. However, they are considering a summer study for next summer but all of this is very up in the air, nothing is solidified I just wanted, because I haven't been able to come because of writing grants and grant amendments and working on the things I've been working on, I haven't been able to make it to these meetings so I wanted to bring everybody in here up to date on the meth lab issue anyway and where things were going. I just feel awful bad for our poor people because we have one guy who has worked 104 labs this year. Northeast and north central are just being inundated with these labs. Basically they take everything they need to make it except they've switched over from anhydrous ammonia to ammonia nitrate or ammonia sulfate which they get from fertilizer or the cold packs, the icy hot cold packs you can pop open and put on sore muscles. They cut those open and that's ammonia nitrate in there or ammonia citrate. And they're adding lye to it as well as some water so you have a flammable solvent, you have a water reactive metal in your lithium and you have water that they're all mixing together with this fertilizer and it's very quick, it's very easy. Once that reaction is done they have methamphetamine.

Kim: I think Neil was saying that since they're not using anhydrous ammonia then the smell isn't quite as big.

Niki: Correct. And they switched out this process, they switched out the ether with Coleman camp fuel as well which with ether and anhydrous ammonia were the two biggest indicators as far as odor, they switched it out for camp fuel which is very low odor and with using the fertilizer it will give off some ammonia smell but not nearly as much as it used to.

Mary: Maybe we should start a chemical engineering training program.

Niki: Well, you know it's funny because one of our guys down south, and this isn't always culturally competent, he was asked on the stand as he was testifying by a defense attorney, don't you have to have some sort of chemical knowledge or have some intelligence to get this done, and his response was, Sir if you had to have that we wouldn't have a meth problem. And their concern is not with how it works or what it does. Their concern is getting the end product. And most of the labs are for personal consumption. And so, I'm making to feed my own addiction. They're not making money, there's typically not a lot of this kind of methamphetamine being sold on the streets. It's that they're feeding their own habit and it's become more of a game type of activity where all you guys on this side of the table are going to be buying my pseudoephedrine and all you guys are going to be getting this part and you guys are getting that. Everybody gets a quarter gram. Or, I'll pay you \$50 for your box of pseudoephedrine, and it's going for anywhere from \$50 to \$75 a box if they're not getting a quarter gram of methamphetamine after the cook. So we were hoping that we would continue to see the downhill slid but Mexico really stepped up and I've got to hand it to them. It's absolutely amazing and I'm on the National Methamphetamine Chemicals Advisory Board, and they gave an award to the Attorney General from Mexico. He has death threats, 3 and 5 death threats every day because of what he is doing to fight the drug problem down there. It's absolutely amazing that they would step up and completely outlaw. Now they are looking at reformulation of PE because the complaint is it's not strong enough, it doesn't do what it is supposed to. So they are looking at possibly reformulating PE which is the substitute for the pseudoephedrine, see if they can't go from 5 mg to a 10 or an 8 or 15 or something that they can still sell over the counter that will work a little better. Mexico stepping up and doing that, to me, with our struggle for a long time working with Mexico and trying to get some of this stuff done is absolutely amazing.

Nancy: Now are those labs still in rural parts of the state?

Eric: It sounds like you were saying they've moved north, where they used to be south.

Niki: We have seen, the last two years Bartholomew County has been the number one county. Right now Noble County is the number one. Right now in Indiana, Noble County is number one, Bartholomew has fallen down to, I think they're still in the top ten but they're like 8 or 9. So we're seeing a lot of the same top ten counties but it shuffles itself around. We don't have the hot pockets like we did in 2000 where everything was happening from Vigo to Vermillion County, that was it. It's really spread out, you have pockets. I think Elkhart County, Noble County, Marshall County are all in the top 10 again this year, in the top 5 even. But we do a map at the end of each year that shows how many labs in each county and we color the top 10 in different colors so we have that. I think I've sent those to you guys. I just wanted to share that and let everybody know where we were at and what we were looking at doing.

Eric: We appreciate you doing that. Good seeing you again. Any other new business? Seeing none, I will see you on December 19<sup>th</sup>. And we probably will send you something in advance to make sure we get out of here so everybody can go out and do their holiday thing. Happy Thanksgiving.

The meeting was adjourned at 10:30 am.